

STATE OF NEVADA
Division of Child and Family Services

**EMPLOYER REQUEST FOR CHILD ABUSE & NEGLECT CENTRAL REGISTRY
INFORMATION**

NRS 432.100-130, NRS 432B and NAC 432B.170

Information about substantiated child abuse and neglect reports in the Central Registry may be requested in accordance with NRS 432B.290 (attached). In order to confirm your right to the information, you must provide a complete name - include any other names used – such as maiden name, date of birth and Social Security Number (SSN) to assist with the data search. A photo-identification document must be provided to ensure that the individual has entitled said party to the information contained in the Central Registry.

All requests must be mailed to:
Nevada Division of Child and Family Services, Central Registry
4126 Technology Way, 1st Floor
Carson City, NV 89706
Or e-mail to: DCFS-CANS@dcfs.nv.gov
Phone: 775-684-7941

PART I. IDENTIFYING DATA

List all adults (18 and over) For Whom Information Is Being Requested

1. Applicant Name:					
Maiden Name:			Date of Birth:		
Alias/other name(s) used:			Driver's License Number:		
Gender/Sex:	Female:		Male:		Social Security Number:

List name (s) of children in family or home - include any other name(s) used:

Last Name:	First:	Middle	DOB:	Sex	SSN:
1.)					
2.)					
3.)					
4.)					
5.)					

PART II. APPLICANT REQUESTING INFORMATION

Employer/ Agency Requesting Information:

I am an employer and request information in accordance with subsection 3 of NRS 432.1000

Mychelle Brown, Office Manager

Print Name and Title of Person Requesting Data

Signature

Date

NH DHHS Child Care Licensing Unit

Employer/ Agency Name

129 Pleasant Street, Concord, NH 03301

Business Address

603-271-9025

Telephone Number

CCLUnit@dhhs.nh.gov

E-mail

603-271-4782

Fax Number

PART III. APPLICANT REASON FOR REQUEST:

1. Release to self: I am an adult (18 years or older) and am requesting a Central Registry check on myself.

☐ To determine if I have been found responsible for substantiated child abuse.

2. Release to an agency/individual related to:

☒ Child care related employment

☐ Elder care related employment

☐ CASA

☐ Schools/public and private

☐ Other (please list below)

Explanation: _____

PART IV. AUTHORIZATION TO RELEASE INFORMATION

Pursuant to Nevada Revised Statutes 432B and NRS 432.100-.130, pertaining to confidentiality of Child Protective Services records and the Child Abuse Central Registry, I hereby authorize the Nevada Division of Child and Family Services to disclose information regarding substantiated reports of abuse or neglect to:

Name: Mychelle Brown, NH DHHS Child Care Licensing Unit (self, agency, employer or individual listed in Part II), about a finding of a substantiated report of abuse or neglect in the Central Registry.

SIGNATURE: _____ Date: _____

***A signed authorization to release information from the Central Registry is required for all Adults (over age 18) listed in Part I.**

*** Required: Please attach a copy of photo identification of applicant – an ID card, driver's license or other form of identification.**

For Central Office Use Only	
<input type="checkbox"/> No record Found	
<input type="checkbox"/> Record Found (Please see attached)	

Date: _____ Signature: _____

Name/Title (Print): _____